## (INDICATE FELONY OR MISDEMEANOR)

	(11,1210)		.01(1	11110		11(011)			No.	Jus Leg		
7	Time Perio	d Cover	ed in T	his Rej	ort						R. C.	
Quarter	<b>D</b> 1	<b></b> 2		□з		<b>1</b> 4			OPREA		NDIA N	
COUNTY: COURT(S):								C/T A	TE COLI	MDCCCCX RT ADMII	NICTO A T	ION
COURT I.D.:						PREI	PAREI	) BY:				
JUDGE'S NAM	E:			_				NE:				
CPO:				-		<b>EMA</b>	IL AD	DRESS	<b>:</b>			
		a	1	2	3	4	5	6	7	8	9	10
PART I - SUPE	RVISION	S	Pre-Trial Supervision	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Drug Court Supervision	Other (Specify)	Total Supervisions (columns 1-9)
A. Supervisions P	reviously Pen	ding										
B. New Supervision	ons Received											
C. Supervisions R	e-Opened											
D. Total Supervis (add lines A th		fore You										
PART II – CLO	SED AND	INACT	IVE S	UPERV	VISION	IS						
E. Discharged (C	Completed Pro	obation)										
F. Revoked Beca	ause of New (	Offense										
G. Revoked for Only	Technical Vic	olation										
H. Absconded an	nd/or Warrant	Active										
I. Other Closed/ (Specify)	Inactive Super	rvisions										
J. Subtotal Clos Supervisions through I)												
K. Supervisions minus line J)		e D										

	r	I	I	I	I	ı				I
DADE III. CELARVIC ON	1	2	3	4	5	6	7	8	9	10
PART III – STATUS ON PENDING SUPERVISIONS	Pre-Trial Supervision	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Drug Court Supervision	Other	Total Supervisions (Columns 1-9)
L. On Probation										
M. Intra-State Transferred Out										
N. Inter-State Transferred Out										
O. Other Supervisions (Specify)										
P. Total (should equal line K)										
If your department complete please answer questions 1-5 on only  1. What is the total number of department at the end of the	one of felons	the repo	orts.	ints und	er proba	ation sup		•		
department at the end of th	e report	ing peri	od: (Lis	st Highest	t Classific	-		11 ***1011	your	
reions <u>.</u>			OK W	iisuciiic	anams _			-		
2. Of the people reported in categories/supervision levels	-	ion 1,	how r	nany v	vere pl	aced in	the f	ollowii	ng wo	rkload
A. High D. Administrativ										
3. How many other people did administrative purposes? (T Example: an offender has b fees.)	hese are	e in add	ition to	the peo	ple repo	orted in q	uestion	n 1 abo	ve.	
4. A. How many pre-sentence	investig	gations	were co	mpleted	l during	the repo	rting p	eriod?		

	Type Type Type	Quantity
5. A	A. Does your department conduct serving programs (i.e. urine screens for pros	· · · · · · · · · · · · · · · · · · ·
В	• •	quested service with your department and the services
i. (	services?  Of the supervisions received this quarte	er (Line B, Column 10), how many were convicted of a
5. (s	services?  Of the supervisions received this quarte substance abuse offense as defined in the supervisions received the supervision received the supervi	er (Line B, Column 10), how many were convicted of a the Instruction Manual? er (Line B, Column 10), how many were convicted of a

Copies of this worksheet and an Instruction Manual are available on-line at:

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